Health Homes Herald

October, 2013 **Volume 1, Issue 1**

A KanCare program helping people live healthier lives by integrating and coordinating services and supports to treat the "whole-person" across the lifespan.

Health Homes Summary

A health home (HH) is not a building, a nursing home, or a doctor's office. The term "health home" refers to a new Medicaid option to provide coordination of physical and behavioral health care with long term services and supports for people with chronic conditions. HHs expand upon medical home models to include links to community and social supports. HHs focus on the whole person and all his or her needs to manage his or her conditions and be as healthy as possible. Caregivers in a HH communicate with one another so that all of a patient's needs are addressed in a comprehensive manner.

There are certain federal requirements that apply to health homes and determine who is eligible. To be eligible for a health home, a Medicaid consumer must have at least:

- Two chronic conditions; or
- One chronic condition and be at risk for a second; or
- One serious and persistent mental health condition.

Chronic conditions include:

- A mental health condition
- A substance use disorder
- Asthma
- Diabetes
- Heart disease
- A body mass index (BMI) greater than 25

Implementation Date Change

We originally expected to implement health homes for people with serious mental illness (SMI) on January 1, 2014. However, to be optimally successful and to ensure that we achieve the program goals we are delaying the implementation of health homes for the SMI population until July 1, 2014. We anticipate implementing health homes for KanCare members who have other chronic conditions in July 2014, as planned. We will continue to work diligently toward the new implementation date because we have already completed much of the work needed, and the provision of health homes is a critical component of the positive health outcomes we expect from KanCare.

"we are delaying the implementation of HH for the SMI population until July, 2014"

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Upcoming Events

- KACIL Presentation by Mary Ellen Wright— **Oct. 4, 2013**: Topeka, 1:00 to 2:30 pm
- Interhab Annual Conference — **Oct. 16, 2013**: Wichita, 4:00 to 5:15pm
- HH Webinar by Dr. Robert Moser — **Oct. 24, 2013:** Topeka, 12:00 to1:30pm
- Leading Age Webinar by Becky Ross — **Oct. 24, 2013**: Topeka, 2:00 -3:30pm
- Focus Group Meeting — **Oct. 25, 2013**: TSCPL Marvin Auditorium 101 A&B, 9:30am to 3:30pm

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Consumers' Frequently Asked Questions

Who can have a health home?

Medicaid health homes are intended for people with certain chronic conditions, like diabetes, asthma, or mental illness. These people must be Medicaid consumers. They can be consumers who also receive Medicare along with Medicaid.

Does a health home provide all services a person needs?

No. The health home coordinates and manages care. It also provides supports and referrals for the person and their family. Health homes do not replace services like doctor visits, prescription drugs, hospital care, or therapies.

How is a health home different from a medical home?

Medical homes usually have a doctor leading a team of other health providers. Medical homes are not limited to people with certain conditions. They also do not usually include community and social supports as health homes do. Health homes can include what has been called a medical home.

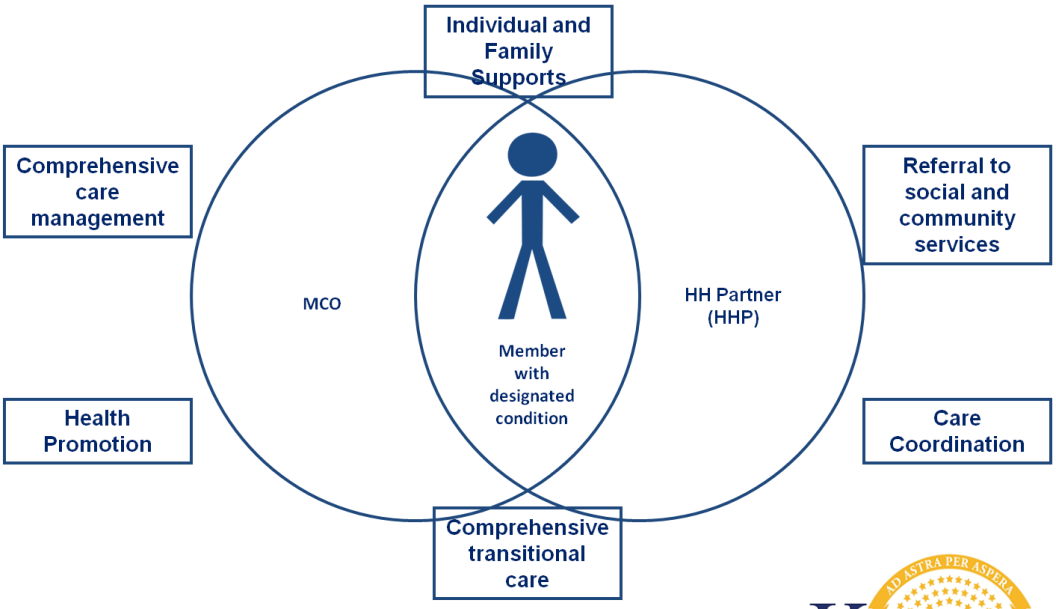
Understanding the Health Homes Project

Health homes will provide comprehensive and intensive coordination of care which will result in positive outcomes for KanCare members who experience chronic conditions such as SMI or diabetes. These are KanCare members who need more concentrated care coordination than most.

Health homes will ensure that:

- Critical information is shared among providers and with health home consumers
- Members have the tools they need to manage their chronic conditions
- Critical screenings and tests are performed regularly and on time
- Unnecessary emergency room visits and hospital stays are avoided
- Community and social supports are in place to help health home consumers stay healthy

The diagram below shows how a health home will integrate and coordinate all services and supports to treat the "whole-person" across their lifespan.



Kansas Health Home Model

Learning Collaborative Project

The Wichita State University Center for Community Support & Research (CCSR) is working closely with KDHE and Health Home partners (HHPs) to develop a learning collaborative as part of the implementation of Health Homes in Kansas.

Health home learning collaboratives serve as an opportunity to build the capacity of health home partners and connect participants to other resources and opportunities through the use of webinars, face-to-face meetings, phone conferences, and regional or topical meetings.

CCSR's exploration of a health home learning collaborative includes several components:

- Learning Collaborative Design Team. A team comprised of a CCSR staff and representatives from KDHE and other key stakeholders are coordinating planning, reviewing materials, interview guides, and reports related to the learning collaborative effort. This team meets at least once a month.
- Exploration of other states' approaches. CCSR staff are contacting other states who have started Health Home Learning Collaboratives or similar structures. CCSR staff are requesting any materials available from other states that may complement the telephone contact.

"Health Homes learning collaboratives serve as an opportunity to build the capacity of health home partners."

- Health Home Key Stakeholder Interviews. CCSR staff will contact and schedule key stakeholder interviews with approximately 25 individuals who are intimately involved in the development and implementation of health homes in Kansas. It is expected that the interviews will be 30 to 45 minutes in length and be conducted via telephone in October-November, 2013. Possible participants include representatives from KDHE, MCOs, MHCs, CDDOs, Health Departments, Universities, and Foundations. Interview notes and materials from other states will be analyzed by CCSR staff and design team members to determine common themes or ideas related to health home implementation and the development of a health homes learning collaborative.

CCSR staff will develop a written report that summarizes key insights and findings from local key stakeholder interviews and contacts with other states. The written report will be provided to the design team and other stakeholders identified by KDHE as necessary.

For more information about the health homes learning collaborative, contact Scott Wituk, Executive Director at CCSR, at (316) 978-3327 or scott.wituk@wichita.edu

Health Homes Focus Group

The Health Homes Focus Group is comprised of more than 70 stakeholders. This group provides input on the development of the health homes program, and reviews draft materials for the health homes State Plan Amendment. If you are a provider, consumer, or part of another stakeholder group interested in health homes, you can contact a focus group member in your area of interest for more information on how health homes might impact you. A list of focus group members is available here:

http://www.kancare.ks.gov/download/home_health_focus_group/health_home_focus_group_listing_for_website.pdf

A Letter From Dr. Robert Moser

Welcome to this inaugural edition of the Health Homes Herald. The purpose of this newsletter is to offer you a monthly update on the efforts surrounding the development of health homes in Kansas. Now that KanCare has been implemented we are working toward implementation of health homes, which have always been a critical component of the KanCare program.

Integrated care can take a number of approaches. These options include: 1) The development of formal and informal relationships with primary care providers and community organizations (sometimes called “facilitated referral”), 2) Co-location of physical health clinicians and behavioral health specialists and 3) The delivery of primary care and behavioral care together in an “in-house” setting.

While these alternatives each have their own strengths, the Kansas health home model allows each option to be included as long as existing consumer-provider relationships are not disrupted. Allowing health homes providers and managed care organizations (MCOs) to enjoy flexibility in their approach result in filling in gaps in service and ensure broad access to care.

Regardless of the approach, the broad goals of the Kansas health home model are centered on the idea that behavioral and physical care should be integrated. Though integration of care can be valuable for all populations, the relationships between mental illness and high rates of co-morbid physical illness make integration of care even more important for people with chronic conditions such as serious mental illness or diabetes. These are KanCare members who need more focused care coordination than most. Kansas health homes promise to help these Kansans overcome barriers to accessing appropriate care at the right time by ensuring that comprehensive and intensive coordination of care are provided.

Additionally, through the pursuit of health care integration, health homes in Kansas will also address a number of related and equally important issues. Perhaps most exciting is how health homes can promote the continued incremental movement of our health care system toward full electronic health record (EHR) use and health information exchange (HIE) connection. The challenge is that many practices have not caught up to other health care providers and organizations in their EHR capacity. Health homes’ focus on data collection supports the clinical, financial, and quality aims of integration and should enhance EHR use and the exchange of health information to prevent duplication of services, promote provider communication and improve quality outcomes.

Through these and other efforts, health homes will result in improved health for KanCare members who experience chronic conditions such as SMI or diabetes. As we move toward a more integrated form of health care in Kansas we will strive to keep you updated and informed. Thank you for your interest in health homes. Enjoy this first edition.

Questions?

If you have questions, or would like more information about health homes in Kansas, please contact us. Our page on the KanCare website also contains information about the Health Homes project and documents are being updated regularly.

Phone: 1-785-296-3981

Email: healthhomes@kdheks.gov

Website: http://www.kancare.ks.gov/health_home.htm